



656 Carpenter Avenue  
 Mooresville, NC 28115  
 704-664-5133  
 FAX 704-660-0406

Providing Comprehensive Pediatric Care for Your Children from Birth through Adolescence Since 1987

**PRIVACY FORMS**

Health  
Insurance  
Portability and  
Accountability  
Act of 1996  
(HIPAA)

**Acknowledgement of Receipt of the Notice of Privacy Practices F-2000**

\_\_\_\_\_  
Name of Patient (Please Print or Type)

\_\_\_\_\_  
Patient Date of Birth

I acknowledge I was provided of the Notice of Privacy Practices of Lake Norman Pediatrics. The Notice of Privacy Practices provides information about how Lake Norman Pediatrics may use and disclose protected health information on the patient listed. I was given the opportunity and encouraged to read it in full.

Lake Norman Pediatrics reserves the right to revise its Notice of Privacy Practices. If the notice is modified, a copy of the revised notice may be obtained by:

- requesting a copy in person
- accessing the Lake Norman Pediatrics web site at <http://www.lakenormanpediatrics.com>
- requesting a copy be mailed

If you have any questions about the Lake Norman Pediatrics Notice of Privacy Practices, please contact:

Lake Norman Pediatrics  
Attn: Privacy Administrator  
656 Carpenter Avenue  
 Mooresville, NC 28115  
 704-664-5133

**Required Signature**

\_\_\_\_\_  
Signature of Patient or Patient Representative

\_\_\_\_\_  
Name of Patient Representative and Relationship (Please Print or Type)

\_\_\_\_\_  
Date

**INABILITY TO OBTAIN ACKNOWLEDGEMENT**

A good faith effort was made to obtain an acknowledgement that the Lake Norman Pediatrics Notice of Privacy Practices was provided to the patient listed above or their representative. The acknowledgement was not obtained because:

- The patient was undergoing emergency treatment
- The patient or patient representative declined to sign the acknowledgement
- Other: \_\_\_\_\_

**Required Signature**

\_\_\_\_\_  
Name of Staff Member (Please Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date